

**Instructions For Completing Service Retirement Application – Form 18  
(Contributory Plan)**

An application for retirement must be received in the Employees' Retirement System (ERS) office as early as 150 days before but not less than 30 days before the retirement date. Your retirement date must be the 1<sup>st</sup> of the month except for December when retirement can be either the 1<sup>st</sup> or the 31<sup>st</sup> of the month. It cannot be the same day as your last day of work.

The following instructions will help you complete the application form. Return the original for to the ERS office. Please call the ERS Honolulu office at (808) 586-1735 if you need further assistance.

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**I. PERSONAL DATA**

**Name:** Last, first, and middle name.

**Social Security Number:** Your 9-digit number.

**Mailing or PO Box Address:** Address for the receipt of ERS mail. (Note: Any change in your mailing address must be reported to the ERS in writing to ensure proper delivery of notices, statements, and tax forms to you).

**Retirement Date:** Your retirement date must be the 1<sup>st</sup> day of a month or the 1<sup>st</sup> or 31<sup>st</sup> day of December. It cannot be the same day as your last day of work.

**Date of Birth:** The month, day, and year of your birth. Please provide both the original document and a photocopy of it for birth date verification. Acceptable documents include:

- Certified copy of your birth certificate; or
- Original baptismal certificate recorded before age five; or
- Written verification from Social Security if you are age 62 or over.

If one of the above is not available, submit any two of the following:

- Original baptismal certificate/religious record with birth date or age and recorded after age five
- Valid Hawaii driver's license
- Hawaii State Identification card
- Passport
- Foreign passport with birth date or age
- Marriage record with birth date or age
- Naturalization record with birth date or age
- Voter registration record
- Census record
- Military record with birth date or age
- Hospital treatment record with birth date or age
- Life insurance policy
- Elementary school record
- Child's birth certificate with age of member/parent

**Position or Job Title/Department/Division or School:** Your position or job title, the name of the Department and/or Division you are employed with, and/or the name of the school where you work.

**Employer:** Check off whether you work for the State, County (identify which County), or Board of Water Supply.

**Check Address:** Name of Financial Institution where you want your monthly pension checks to be deposited. Specify whether it's a checking account (attach voided check) or savings account (attach deposit slip), and provide the account number. Checks will be sent to your Mailing or PO Box Address (approximately 2 pay periods) before the direct deposit into your financial institution is activated. You will receive a monthly pension, which will be paid at the end of each month.

**Daytime/Home/Cellular Phone:** Enter the appropriate number for each.

## II. RETIREMENT OPTIONS

Carefully read the information on the back of the application form. Select only one retirement option.

If you select Option Four, you must specify:

- The combination you wish: Option Four (Five & Maximum), Option Four (Five & One), Option Four (Five & Two), or Option Four (5 & 3).
- Amount of refund (Choose only one).

You should select an option at the time you file your retirement application. You may change your option at any time **prior** to your retirement date. Option changes are **not allowed** once your retirement is effective.

## III. BENEFICIARY DESIGNATION

List your beneficiary's name, social security number, their relationship to you, and their date of birth. If you select an option that allows designation of multiple beneficiaries, provide the Social Security number of the first beneficiary. Also, clearly indicate the proportionate share each beneficiary should receive. For example, "In equal shares or to whomever survives;" or if a contingent beneficiary is named, "In the event of death, to..."

If you select Options Two, Three, Four (Five & 2) or Four (Five & 3), you must provide verification of your beneficiary's birth date. (Please refer to the list of acceptable documents on the front page of these instructions).

## IV. TAXES

Your retirement benefits are subject to Federal income taxes only. They are exempt from any State taxes. You must complete a Federal Tax Withholding Certificate (Form EC&B-123B) prior to retirement. The ERS will issue a 1099-R for your future income tax filing.

Federal Tax Withholding Certificate:

### Monthly Pension:

Check "NO" if you **DO NOT** want ERS to withhold Federal income taxes from your monthly checks.

Check "YES" if you **DO** want ERS to withhold Federal income taxes from your monthly checks. Indicate your marital status, and provide the number of exemptions or dollar amount for this withholding. If you specify a dollar amount, this amount will be withheld from each monthly pension check.

Changes to your monthly withholding can be made after your retirement date by filing a written notice to the ERS.

### Refund of Contributions:

You are able to rollover the taxable portion of Option Four or Option Five refunds and other eligible refunds you receive from the ERS. Any taxable portion of the Option Four or Five refund not rolled over, is subject to a mandatory minimum Federal income tax withholding of 20%. Carefully review the enclosed Employee's Retirement System of the State of Hawaii Tax Information if you plan to choose either Option Four or Option Five.

**If no Federal Tax Withholding Certificate is received prior to your retirement date**, your retirement benefits will be processed with **NO** Federal income tax withholding from your monthly pension. The minimum 20% Federal income tax withholding will be withheld from your Option Four or Five refund.

## V. SIGNATURE

You must sign the application in the presence of a Notary or an ERS representative. Your signature may be notarized at the ERS office or retirement filing session at no charge. However, appropriate identification is required.

**NOTE: IF YOU ARE MAILING IN YOUR APPLICATION, PLEASE BE SURE ALL NECESSARY DOCUMENTS ARE ATTACHED. IDENTIFY EACH DOCUMENT WITH YOUR NAME AND SOCIAL SECURITY NUMBER.**

EMPLOYEES' RETIREMENT SYSTEM  
OF THE STATE OF HAWAII  
201 MERCHANT STREET, SUITE 1400, HONOLULU, HAWAII 96813-2980  
Phone: (808) 586-1735 or Neighbor Island: Hawaii 974-4000, ext. 61735, Maui: 984-2400, ext. 61735, Kauai: 274-3141, ext. 61735  
Molokai/Lanai: 1-800-468-4644, ext. 61735  
**SERVICE RETIREMENT APPLICATION**  
(Contributory Plan)

To the Board of Trustees: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
In accordance with the provisions of law governing the operation of the Employees' Retirement System (ERS) of the State of Hawaii, the undersigned, a member of ERS, hereby applies for retirement from active service.

**I. PERSONAL DATA:** (Please print or type)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing or PO Box Address: \_\_\_\_\_  
Street Apt. No. City State Zip code

Retirement Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

Position or Job Title/ Department/Division or School: \_\_\_\_\_

Employer: (Check one) ☐ State of Hawaii ☐ County of \_\_\_\_\_ ☐ Board of Water Supply

Deposit Check to: Financial Institution Name: \_\_\_\_\_

☐ Checking (attach voided check) ☐ Savings (attach deposit slip) Account No. \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**II. RETIREMENT OPTIONS:** (Select one only)

I read the information on the back of this application and select the following retirement option:

\_\_\_\_\_ Maximum Allowance \_\_\_\_\_ Option One \_\_\_\_\_ Option Two (100% Survivor) \_\_\_\_\_ Option Three (50% Survivor)

Refund options are available to members with at least 10 years of credited service.

\_\_\_\_\_ Option Four (Five & \_\_\_\_\_) Refunds: \_\_\_\_\_ Pre-1987 Nontaxable contributions \_\_\_\_\_ 50% \_\_\_\_\_ 75%

\_\_\_\_\_ Option Five

**III. BENEFICIARY DESIGNATION:** A beneficiary should be designated for all options, however, only one beneficiary may be designated for options Two, Three, Four (5 & 2) and Four (5 & 3). Multiple beneficiaries, a trust, or an estate may be designated for all other options

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IV. SIGNATURE:** This application must be signed in the presence of an ERS representative or a Notary Public.

Signed \_\_\_\_\_ Date \_\_\_\_\_ ERS Representative \_\_\_\_\_

State of Hawaii \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the said named \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument and who acknowledged such execution as being a free and voluntary act and deed.

Affix your  
official seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

(SEE REVERSE FOR INFORMATION)

WHITE – ERS Copy

CANARY – Member's Copy